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CONFIRMATION NO. 5330

SERIAL NUMBER 10/691,117	FILING OR 371(c) DATE 10/21/2003 RULE	CLASS 514	GROUP ART UNIT 1609	ATTORNEY DOCKET NO. 1695.003
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/420,049 10/21/2002

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ******** 01/26/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	<i>[Signature]</i> <i>[Initials]</i>
Examiner's Signature	Initials
STATE OR COUNTRY	CA
SHEETS DRAWING	4
TOTAL CLAIMS	24
INDEPENDENT CLAIMS	6

ADDRESS

23405

TITLE

Sulfonated styrene copolymers for medical uses

FILING FEE RECEIVED 615	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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